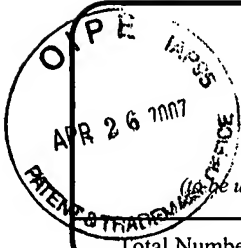


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TRANSMITTAL FORM

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Total Number of Pages in This Submission

16

Application Number	10/506,399
Filing Date	September 1, 2004
First Named Inventor	Ching Yi Chang
Art Unit	3728
Examiner Name	S. T. N. Luong
Attorney Docket Number	20931YP

ENCLOSURES (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name	Dianne Brown	Registration No. (Attorney/Agent)	42,068
Signature		Date	4/23/2007

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date: April 23, 2007

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ATTORNEY	DATE
Dianne Brown	04-23-07
CASE NUMBER/	SERIAL NUMBER
20931YP	10/506,399
DATE FILED	
09/01/2004	
APPLICANT	
Ching Yi Chang	
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The Patent & Trademark Office acknowledges, and has stamped hereon, the date of the receipt of the items checked below:

- ☒ AMENDMENT
- ☐ APPEAL AND FEE
- ☐ BRIEF
- ☐ CERTIFICATE OF CORRECTION
- ☐ FINAL FEE
- ☐ LETTER
- ☐ INFORMATION DISCLOSURE STATEMENT
- ☐ PTO 1449 & REFERENCES
- ☐ PETITION FOR EXTENSION OF TIME & FEE
- ☐ INVITATION TO CORRECT
- ☐ DEMAND-CHAPTER II & FEE SHEET
- ☐ SEQUENCE STATEMENT
- ☐ SEQUENCE LISTING
- ☐ SEQUENCE DISKETTE



PATENT
CASE NO. 20931YP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: CHING YI CHANG

Serial No. 10/506,399

Filed September 1, 2004

Group Art Unit 3728

Examiner S. T. N. Luong

For: PHARMACEUTICAL TREATMENT BLISTER CARD

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

☐ The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>41</u>	-	** <u>43</u> =	<u>0</u> X	\$50	= <u>0.00</u>
Independent Claims	* <u>4</u>	-	*** <u>4</u> =	<u>0</u> X	\$200	= <u>0.00</u>
Multiple Dependent Claims					\$360 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

By: Dianne Brown

Attorney for Applicant(s)

Reg. No. 42,068

MERCK & CO., INC.

Patent Dept., RY60-30

P.O. Box 2000

Rahway, N.J. 07065-0907

(732) 594-1249

Date: April 23, 2007

IN DUPLICATE



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ching Yi Chang

Serial No.: 10/506,399

Case No.: 20931YP

Art Unit:
3728

Filed: September 1, 2004

For: PHARMACEUTICAL TREATMENT BLISTER
CARD

Examiner:
S. Luong

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This is in response to the Official Action dated January 25, 2007 for which a response is due by April 25, 2007. Please consider the remarks below.

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